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RR RUEHCHI RUEHDT RUEHHM RUEHNH  
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FM AMEMBASSY PHNOM PENH  
TO RUEHC/SECSTATE WASHDC 0943  
RUEHBK/AMEMBASSY BANGKOK 2744  
RUCNASE/ASEAN MEMBER COLLECTIVE  
RUEHPH/CDC ATLANTA GA  
RUEAUSA/DEPT OF HHS WASHINGTON DC  
RUEHRC/DEPT OF AGRICULTURE WASHINGTON DC  
RUEHGV/USMISSION GENEVA 1702  
RUEKJCS/SECDEF WASHINGTON DC

UNCLAS SECTION 01 OF 02 PHNOM PENH 000490

SENSITIVE  
SIPDIS

STATE FOR EAP/MLS, G/AIAG, OES/IHA, MED  
STATE FOR USAID/ANE, OFDA AND GH  
BANGKOK FOR REO/HHOWARD  
BANGKOK FOR OFDA  
CDC FOR NCIRD/NCOX, JBRESE, TMOUNTS

E.O. 12958: N/A  
TAGS: [KFLU](#) [AEMR](#) [ASEC](#) [CASC](#) [KFLO](#) [TBIO](#) [KSAF](#) [KPAO](#) [PREL](#) [PINR](#)  
AMGT, MG, EAGR, CB  
SUBJECT: CAMBODIA H1N1 UPDATE #3: 9 CONFIRMED CASES

REF: A) PHNOM PENH 421, B) PHNOM PENH 272

1. (SBU) SUMMARY. There are currently a total of nine cases of laboratory-confirmed novel influenza A (H1N1) in Cambodia. Post's U.S. Centers for Disease Control and Prevention (CDC) office is waiting for laboratory results on a potential tenth case from Institut Pasteur in Cambodia (IPC). All four new confirmed cases, one of which included an Embassy employee, had mild to moderate illnesses at worst, and the patients have all recovered. The Cambodian Ministry of Health's (MOH's) response has so far been adequate. Health officials are prepared to see more cases confirmed in more populated areas of the country over the course of Cambodia's flu season (June-November/December). CDC is working with the MOH to implement a severe acute respiratory infection surveillance system.  
END SUMMARY.

#### CASE UPDATES

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2. (SBU) The first confirmed case since Ref A was a 19-year-old Cambodian female with no travel history who was exposed through a personal contact, an Australian man who visited from Vietnam and tested positive for H1N1 upon his return to Vietnam. The second case was a 58-year-old Cambodian female with onset one to two days after returning from Thailand. Cambodian Ministry of Health (MOH) screeners at the Phnom Penh International Airport detected the third case, a 15-year-old Australian female who arrived on a flight from Bangkok.

3. (SBU) The fourth case was a 34-year-old male Embassy employee who reported to the Embassy medical unit on July 7 with complaints of fever, sore throat, rhinorrhea, and chills that had started the day before. The patient had a positive QuickVue Rapid test for influenza A and was started on Tamiflu for five days and remained in isolation at his home until seven days after the onset of his illness. He has since recovered and returned to work. A second patient with mild flu symptoms reported to the Embassy medical unit on July 8 but tested negative for influenza A using the QuickVue Rapid test. He made a full recovery when rechecked on July 13 after 7 days of voluntary isolation. CDC is waiting for results to confirm whether or not the second Embassy patient had H1N1.

4. (SBU) Acting Management Officer distributed a management notice July 8 following initial detection of H1N1 in the Embassy employee. The notice outlined common flu symptoms, procedures if an employee or family member displays flu symptoms, and guidelines for staying healthy, such as frequent hand-washing and keeping common surfaces

clean. The Community Liaison Officer forwarded the notice to Embassy family members.

CAMBODIAN GOVERNMENT RESPONSE TO DATE

15. (SBU) The MOH's response has so far been adequate. The MOH has: 1) increased influenza-like illness (ILI) surveillance at all MOH sites nationwide; 2) coordinated with Calmette and other designated H1N1 referral hospitals in Phnom Penh on proper specimen collection, isolation, and clinical management procedures for suspect and confirmed cases; 3) worked with Institut Pasteur to assure that all confirmatory laboratory test results are promptly and accurately reported; and 4) aggressively investigated all suspect and confirmed cases, as well as their exposed contacts. The MOH and the UN have developed public awareness ads on H1N1 for television, which have been broadcasting on six to seven channels since June.

H1N1 FORECAST FOR CAMBODIA

16. (SBU) Cambodia has remained relatively isolated from the H1N1 outbreak so far, as it is somewhat removed from major travel routes. However, health officials are prepared to see more cases confirmed in more populated areas of the country over the course of Cambodia's flu season, which begins in June, peaks in September-October, and declines in November-December. CDC notes that health officials are likely not detecting all cases in the country due to the mild nature of the disease so far. CDC has developed and is leading the implementation of a severe acute respiratory infection surveillance system for MOH in some hospitals. This new surveillance system will

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hopefully help identify influenza activity among hospitalized patients.

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